

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 572190

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/	/				
54	/	/				
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96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	53					